Guide to the Medication Reconciliation Materials

JCAHO in recognition of the importance of accurate medication usage has included medication reconciliations as one of its series of National Patient Safety Goals (Goal 8) defining specific requirements for improving the safety of patient care in health care organizations. Compliance with this goal is required as of 1 January 2006.

"Goal 8: Accurately and completely reconcile medications across the continuum of care.
8A: Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.

8B: A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization."

The response of the Department of Defense Patient Safety Program to the National Patient Safety Goal 8 has been an example of the innovative and practical solutions provided by members of the Military Health System. This guide contains materials developed by the services with a substantial contribution from the Navy's Bureau of Medicine and Surgery and the work of the team at the National Naval Medical Center. Contributions from the AMEDD and other Military Treatment Facilities are also included. The DOD Center for Education and Research in Patient Safety at USUHS has worked to compile this guide and will provide additional updated materials at is website http://www.usuhs.mil/cerps/index.html. The Patient Safety Manager will also serve as a source of information and support for the ongoing medication safety activities.

The Guide is divided into six (6) sections based upon specific needs.

1. BIBLIOGRAPHY AND RESOURCES: This section includes a list of articles dealing with medication error, reconciliation, and interventions. Specific attention was paid to including input from a diversity of professions. A list of recommended websites is provided. Additional patient educational materials as well as program resources are available at these sites. The Institute for Healthcare Improvement program guide is included in its entirety

2. CHCS & AHLTA: A detailed description of SF508 medication reconciliation process is provided as well as the AHLTA (CHCS II) process for ambulatory environments. The materials are presented through both commentary and "screen shots" that will guide the user through the appropriate process.

3. PATIENT EDUCATIONAL MATERIALS: This section includes selected examples of medication cards/sheets for patient use to maintain currency of the medication profile. A limited number are presented but additional examples can be found in the website section through a number of agencies/organizations. Remember that a form/list/card needs to be simple enough for the patient to use and maintain. Literacy and other factors need to be considered in the distribution of any materials to a patient population. Various derivations of forms/cards/educational materials may be necessary based on the demographics of the health care site involved.

4. PROVIDER RECONCILIATION TOOLS: This contains the outline for the comprehensive medication history as well as an introduction to the issues of medication reconciliation. BUMED and NNMC have developed an implementation plan based on CHCS and the SF508 and SF600 forms that allows for reconciliation across the inpatient and outpatient environments. This is presented in the *Reconciliation Process Flow* materials. A step-by-step guide to the responsibilities of members of the health care delivery team linked to the use of CHCS is provided. A "cheat sheet" of CHCS commands is included.

5. SCENARIOS: This contains the flow-charts of the patient encounters

6. SERVICE DEVELOPED PRODUCTS: A number of MHS facilities have developed outcome tracking forms/processes and templates of instructions to establish outcome measures and provide organizational guidance.